

(ACHN)

Alabama Coordinated Health Network: Primary Care Providers

Managed Care Division

Disclaimer

All content
subject to CMS
approval

A new direction...

- Single care coordination delivery system combining Health Homes, Maternity Program, and Plan First
- Replaces silos in current care coordination efforts
- Care coordination services provided by regional Primary Care Case Management Entities (PCCM-ES), or network entities.
- Seven newly defined regions; primary care physicians practicing in district comprise at least half of board

What does this mean for providers?



If you are a Primary Care Provider...

- New opportunity to earn bonus payments for achieving quality-related goals in addition to FFS payments
- If you earned "bump" payments previously, you can earn increased amounts if you participate with Medicaid and a regional ACHN entity

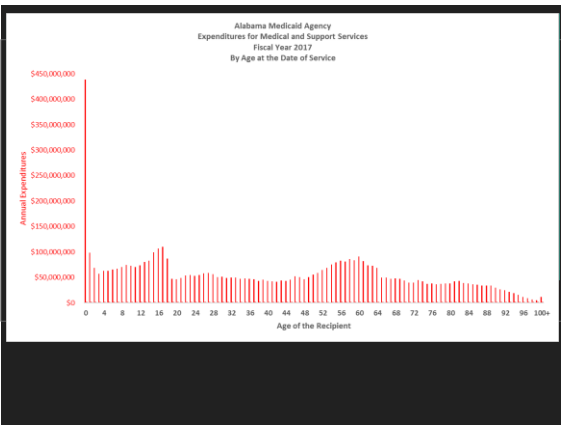
If you are a Primary Care Provider...

- You will not be required to manage a patient panel, but will work in partnership with licensed social workers and nurses who will help manage your complex or non-compliant patients
- You can see patients regardless of where they live

If you are a Primary Care Provider...

- Referrals not needed for primary care
- Referrals will be required only for certain medical specialties
- EPSDT referrals will continue to be required

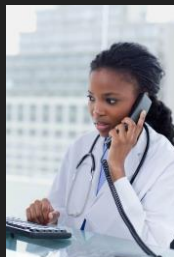
Why this approach?



The ACHN Approach

- Past care coordination efforts in the areas of family planning, maternity care and primary care have not been in synch
- A system that works holistically with a Medicaid recipient to address issues impacting health can make a positive difference

ACHN Operation



ACHN Operation

- Statewide operation, one entity in each of seven pre-defined regions
- Each network will be responsible for creating a care coordination delivery system within the region
- Care coordination will be provided based on recipient's county of residence.
- ACHN entities will not make payments to physicians

ACHN Operation

- Statewide system will manage care coordination services now provided by 12 maternity programs, six health home programs and ADPH staff in 67 counties
- Regional entities will be incentivized along with primary care providers to achieve better health outcomes and to provide a higher volume of care coordination services

ACHN Regions

Based on:

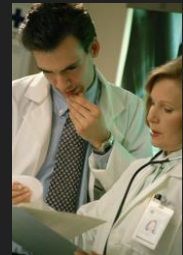
- Existing patterns of care
- Access to care
- Ability to ensure financial viability of regional ACHN entities



ACHN Participants

- General Population – Current Patient 1st recipients, plus current/former foster children
- Medicaid-eligible maternity care recipients
- Plan First – Women ages 19-55 and men age 21 and over

Care Coordination Services



Care Coordination Services

- Care Coordination referrals may be requested by providers, recipients or community sources
- Care Coordination services provided in setting of recipient's choice, to include provider offices, hospitals, ACHN entity office, public location or in the recipient's home

Care Coordination Services

- Screening and assessment of recipient needs
- Assist recipients in obtaining transportation or applying for Medicaid
- Help recipients with appointments or appointment reminders
- Coordinate and facilitate referrals
- Educate or assist recipients with medication or treatment plans

Care Coordination Services

- Help recipients seek care in the most appropriate setting (e.g. office vs ER)
- Facilitate communication between patient and care providers
- Help recipients locate needed community services

Primary Care Physician (PCP) Referral Process



Referral Process

- PCPs no longer have assigned patient panels
- PCPs / PCP groups will not need a referral to see a recipient
- Nurse practitioners or physician assistants collaborating within a PCP group will not need referrals
- EPSDT referral process will not change; correct coding will continue to be essential to ensure coverage beyond 14-visit limit

Referral Process

- PCP referrals to most specialists will be required for specialists to receive payment
- Referrals to NPs or PAs collaborating with specialty groups will also require a referral
- When a PCP cannot be identified, the ACHN entity may provide a referral

Reimbursement and Payment



Bonus / Incentive Payments

- Goals aligned for physician, ACHN and Medicaid
- Networks incentivized to meet quality goals
- Payments made quarterly
- Structured to keep PCPs whole during transition

PCP Payment Structure

Quality Metric Performance

Cost Effectiveness

Patient-Centered
Medical Home Activities

Regional ACHN Participation Payment
Enhanced FFS rate (Same as "Bump")

Above payments are achievable if physician
participates with regional ACHN entity

Base Fee-For-Service – Current FFS schedule for all physicians

PCP Payment Structure

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ACHN Qualifications for Participation

- Participation rate payments will be made to PCPs who actively participate in an ACHN network
- Qualifications:
 - Board-certified MD/DO with a specialty or subspecialty of family medicine, general internal medicine or pediatrics that is recognized by the Board of Medical Specialties, the American Board of Physician Specialties or the American Osteopathic Association and must actually practice in their specialty; OR
 - Non board-certified provider who practices in one of the above fields, if he/she can attest that 60 percent of their paid Medicaid procedures billed are for certain specified procedure codes for E&M services and certain VFC vaccine administration codes during the most recently completed CY, or for newly-eligible physicians, the prior month.

Agreements Required

- Alabama Medicaid Provider Agreement
- Alabama Medicaid Primary Care Physician Group Agreement
- Agreement between ACHN entity and the PCP group
- Only necessary to sign the one ACHN agreement; may participate with any region

ACHN Participation Requirements

Physician groups must also meet the following criteria for participation:

- Actively work with the ACHN entity to review recipient care plans
- Participate as needed in ACHN Multi-Disciplinary Care Team (MCT)
- Participate in ACHN initiatives centered around quality measures

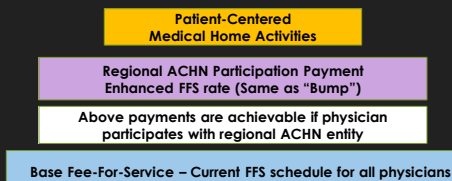
ACHN Participation Requirements

- Participate in at least two quarterly Medical Management Meetings and one webinar/facilitation exercise with the regional ACHN medical director over a 12-month period
 - NPs and PAs may attend for PCP
- Review data provided by the ACHN to help achieve regional and state Medicaid goals

ACHN Participation Requirements

- Alternate payment methodologies are used for these providers:
 - FQHCs and Rural Health Clinics
 - Physicians who are part of the medical faculty as determined by a state university

PCP Payment Structure



Patient-Centered Medical Home Bonus Payments

Based on:

- Attainment of PCMH recognition by the appropriate national organization; or
- Documented progress toward PCMH recognition; evaluated annually
- Paid quarterly

Patient Attribution for Quality and Cost Effectiveness

- Recipients will not be assigned to individual PCPs, but will be **attributed** at PCP group level
- Recipients will be **attributed** to PCP group based on where they received services
- Score will be calculated for each recipient/provider combination

Patient Attribution for Quality and Cost Effectiveness

- The provider with the highest score for the recipient will be attributed to that recipient
- More recent claims and preventive visits will receive higher values in this calculation
- Recipients will only be attributed to one PCP group per quarter
- Attribution will be updated quarterly

PCP Payment Structure

Cost Effectiveness
Patient-Centered
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Cost Effectiveness Bonus Payments

- Risk-adjusted payments
- Cost effectiveness payments based on patient attribution to PCP/PCP group
- Cost effectiveness calculated based on:
 - Two year "look back" of medical claims
 - One year "look back" of maintenance medication claims history
 - Will compare peer-to-peer
- Updated quarterly

Cost Effectiveness Bonus Payments

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 5	Quarter 6
Full	Full	Full	Full	Calculated	Calculated

PCP Payment Structure

Quality Metric Performance

Cost Effectiveness

Patient-Centered
Medical Home Activities

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Quality Bonus Payments

- For at least four quarters, all practice groups will automatically receive a full Quality Bonus payment at the first of each quarter
- In the future, Medicaid will calculate a Quality Bonus payment based on performance
- Payments will be based only on measures relevant to a group's practice

Quality Bonus Payments

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 5	Quarter 6
Full	Full	Full	Full	Calculated	Calculated

Quality Measures

- Well-child visits for children, ages 3-6
- Adolescent well care visits
- Immunization status – Child/Adolescent
- Antidepressant medication management
- HbA1c test for diabetic patients
- Follow-up after ER visit for alcohol or other drugs

ACHN Payment Summary

Patient 1st (ending September 30, 2019)	ACHN
Panels	-----
Case Management Payments	-----
BUMP	Participation Rate
-----	Bonus Payments

ACHN Summary

Current Program	ACHN
12 Maternity Districts	7 Networks/Regions
6 Health Homes in 5 Regions	7 Networks/Regions
ADPH Staff serving 67 Counties	7 Networks/Regions
Care Coordination is silo'd	Care Coordination is combined into a single delivery system
Medical Management Meetings require Physician Attendance	Medical Management Meetings will allow a NP or PA to attend for the Physician
PMP to PMP Referral Required	PCP to PCP referral not required
PMP Agreement with Health Home is required for each Health Home the PCP is working with	Only <u>one</u> agreement will be required, but will cover all 7 Networks

Questions

- **Website:** www.Medicaid.alabama.gov
Newsroom>Special Initiatives>ACHN
[Direct Link to Frequently Asked Questions](#)
- **Submit questions for official response to:**
ACHN@medicaid.alabama.gov